



**Client, please fill out the following**

Member Type:

- Physician (including medical residents)  Nurse Practitioner
- Physician Assistant  Medical Student (WWAMI/PNWU)  Unspecified

Primary Medical Specialty (choose one only):

<input type="checkbox"/> Dermatology	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Family Medicine
<input type="checkbox"/> Hospitalist/Internal Medicine (General)	<input type="checkbox"/> Internal Medicine-Subspecialty NOS	<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Oncology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedic, incl Surgery
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry/Neurology	<input type="checkbox"/> Surgery (not orthopedic)
<input type="checkbox"/> All other specialties or don't want to specify, or student		

Employment Status:

- Residency Program  Hospital System Employed
- Independent large gp. >=8 providers  Independent small gp. <8
- Medical Student  Retired/Not Currently Employed  Unspecified

Presenting Challenge (e.g., depression, work related, relationships, etc.): \_\_\_\_\_

Age:

- 25-43  44-57  58-70  71+ \_\_\_\_\_  Unspecified

Gender:

- Female  Male  \_\_\_\_\_  Unspecified

County Practicing in: \_\_\_\_\_

Have you ever used the Physician Vitality Program services before with this Provider or another PVP Provider  Yes  No

Utilization of another PVP Provider within the last 12 months (if applicable)

PVP Provider Name \_\_\_\_\_ Start Date \_\_\_\_\_

# of appointments used with prior PVP provider during last 12 months \_\_\_\_\_

FOR PVP PROVIDER USE ONLY									
Intake Date		Date	Date	Date	Date	Date	Date	Date	Date
__/__/__		__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
\$25	Billable half-hour increments								
Billed <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>